



Boys & Girls Club
of Wetaskiwin

Wetaskiwin Early Learning
and Child Care Centre

Registration Form

Commencement Date: _____ Termination Date: _____

Child's Name: _____ Child's Birthdate: _____

Home Address: _____ Home Phone#: _____

Mother's Name: _____

Parenting Partner name (if applicable): _____

Home Address(if different): _____ Home phone#: _____

Work/School Name: _____ Work/School Phone#: _____

Father's Name: _____

Parenting Partner name (if applicable): _____

Home Address (if different): _____ Father's Phone#: _____

Emergency Contacts:

_____ (name) (phone#) (relationship to child)

_____ (name) (phone#) (relationship to child)

Family Doctor's Name: _____ Phone#: _____

HEALTH

1. Are your child's immunizations up to date? Yes _____ No _____

If no, explain _____

2. Does your child have any allergies? If yes, please specify.

Allergies	Reaction
_____	_____
_____	_____
_____	_____

3. If your child has had any medical or health problems, please describe. _____

4. Is your child on any regular medications? If yes, please explain. _____

RELEVANT INFORMATION

1. Does your child have any particular fears? _____

2. What is your child's reaction to stress? _____

3. Does your child have any habits? _____

4. Are there any customs or religious beliefs that would prevent your child from participating in any holiday or seasonal activities? If so, please explain. _____

5. List the names of other family members in child's home.

Name: _____ Age: _____ Relationship: _____

Name : _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

6. Who is permitted to pick up your child?

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

SPECIFIC CHILD INFORMATION:

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____